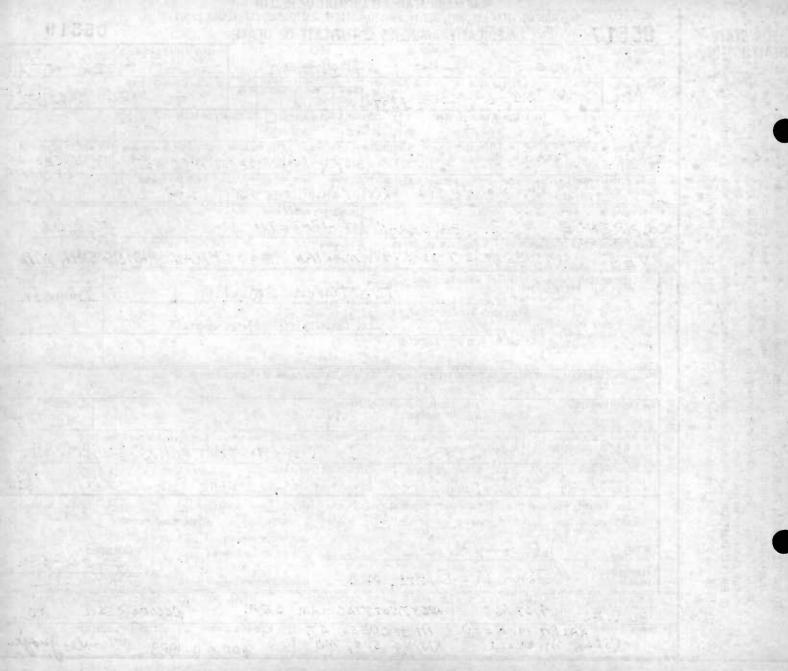
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Edward Felicies & Son, . Millington, Hd.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05519 CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN Month Yeor (Type or Print) ESTI Robert 1.00 aughman 1963 DEATH MATED ny delay and 3 IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD the State Deportme Doy 26 lost birthday) Year 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1) 5 A WIDOWED [ DIVORCED [ 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR Office olong with give street oddress) Union Hosp. lon D. O. A during most of working life, even if retired.) INDUSTRY AREA 13e. STREET AND NUMBER deoth. 13a. USUAL RESIDENCE (Where deceased lived, if institutions Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 1 ond 2 with Risind Sun PID. odmission) STATE 13b. COUNTY 001 YES NO IV in Item 1 ofter 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME Middle ELIZABETH CLARENCE BAUGHMAN FOGUS Examiner's poges 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS in pencil (Yes, no or unknown) BAUGHMAN RISING SUN, MO 217-22-5747 MARIAN File APPROXIMATE INTERVA within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. the Chief Medicol BETWEEN ONSET AND OFATI "pending" actured skul PART I. DEATH WAS CAUSED BY: Tunned. IMMEDIATE CAUSE (o). event DUE TO, OR AS A CONSEQUENCE OF burial-transit Automobile accident Canditions, if any, which gave rise to immediate cause (a), certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Ŀ forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) OS nsed 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES [ the certificate, 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18. 3 should PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No City or Town may be retoined for you. FUNERAL DIRECTOR: Page NOT WHILE AT WORK W. Man St. buriol 22a. 1 certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry and in my opinion death resulted from: Natural causes . Accident Suicide . Homicide Undetermined monner ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ealth ADDRESS(Street, city, tawn, ar county) NAME (Type) ~ 0 ± 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) WESTNOTTINCHAM COLORA CECIL MD MADORESSOUEEN ST, 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE RISING SUN, MD Klianes VR A15ME (5) DATE 10M REV. 1/68



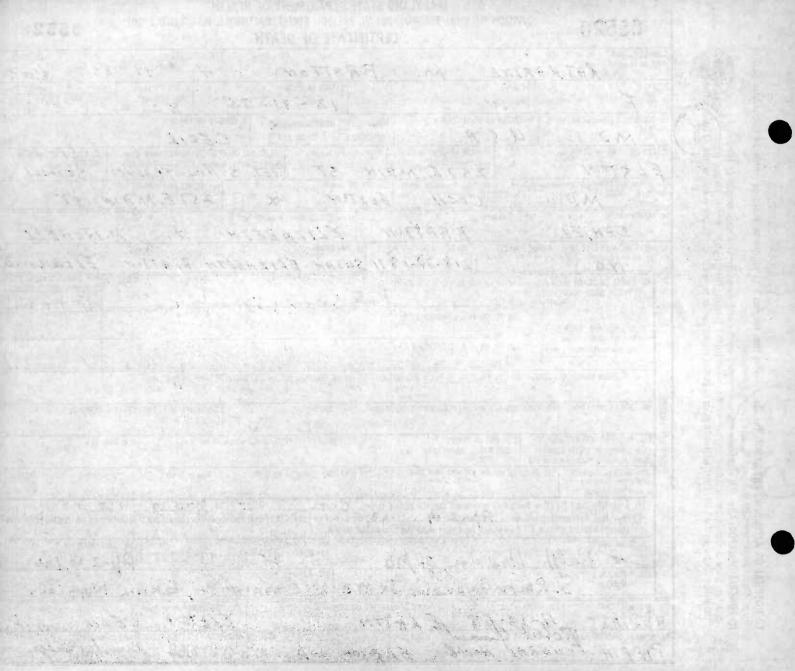
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Lost Middle 2o. DATE OF DEATH 2b. HOUR after death (Type or print) Month Scott Beard William Apri 4. RACE within 72 haurs after 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years lost birthdoy) MONTHS HOURS December 24, 1906 Male White requires that the death certificate be executed within 24 hours 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) the ottending physician and completely filled in sit permit. Then please remove corbon papers. Cecil U.S.A. WIDOWED | DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) **INDUSTRY** Perry Point HOSPITAL Farmer burial, cremation, or removol, and in ony event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before, 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b COUNTY ington NO TO Smithburg YES R.D.#2 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Harvey NMI Beard Ida Smith 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no ar unknown) 220-05-6094 VA HOSPITAL RECORDS, Perry Point, Maryland 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 days Pneumonia IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 66 days Brain Tumor - Type Undetermined Canditians, if ony, which gave) burial-transit rise to immediate couse (o), Page 4 may be retained by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-trans. signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) director, page 3 should be detoched for use os the should be filed with the Stote Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO 3 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn Stote County While Not while of work 22a. I certify that \$4/(this hospital) attended the deceased from February 1, 1968, to April 7, 1968 way the deceased alive on XXXXXXXXXXXXXXXXXX 19 XXXX, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1), (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 7 68 MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) VA Hospital, Perry Point, Md. S GOLDGRABEN M.D. 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (S Maryland (Stote) Smithsburg, REMOVAL (Specify) Smithsburg, Md. MC Bame ADDRESS FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) DATE APR 9 Hagerstown, Maryland 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05521 CERTIFICATE OF DEATH DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR First Lost (Type or print) 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS. hin 72 hours after MONTHS DAYS HOURS Tours 7b. CITIZEN OF 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) the ottending physician and completely filled in sit permit. Then please remove carban papers. DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR PHYSICIAN: The law requires that the deoth certificate be executed within give street oddress during most of working life, even if retired.) WI event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO X 14. FATHER'S NAME -Middle-Middle Lost IS. MOTHER'S MAIDEN NAME First 17. INFORMANT 6b. SOCIAL SECURITY NO Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, o/ unknown) [ (If yes give wor or dates of service) NERNERSU ar removol, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO Z for use 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while ot work ot work 22a. I certify that (I) (this haspital) attended the deceased from H (I) (we) last saw the deceased alive an H (II) (we) last saw the deceased alive an H (II) (we) (aur) apinion death accurred an the date and haur and from the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATUS 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS Poge 4 moy NAME (Type) director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE (County) 23o. BURIAL, CREMATION REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68

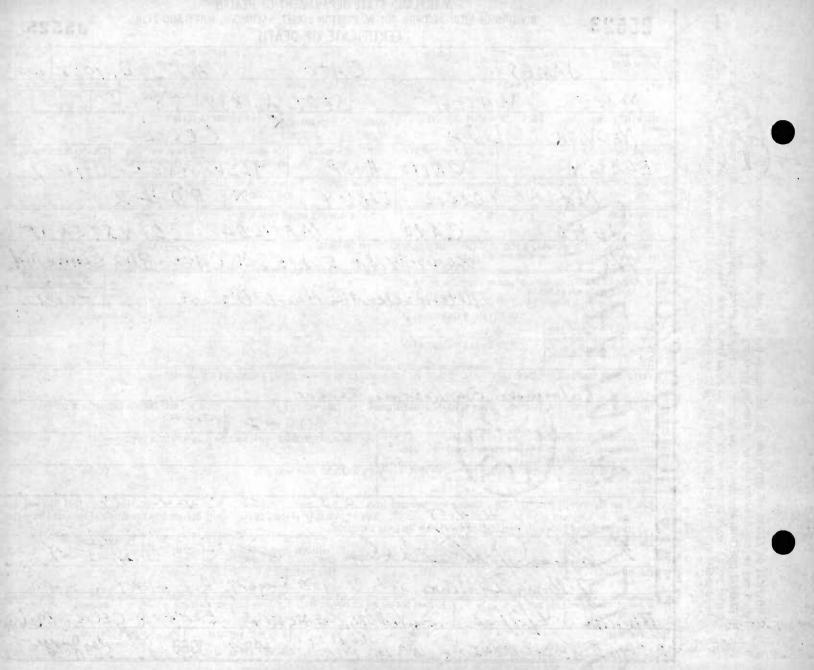
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0 1	MARYLAND STATE DEPARTMENT OF HEALTH  OF 592 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		05523
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a DATE KNOWN Day	
of te	(Type or Print)  BERNICE  BEULAH  BURGESS  OF ESTI- DEATH MATED X 4/30/	1968 10 A
delay and 3 n3. Pa	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOLINGED DEAD	2d. HOUR
	female white april 10/1913 last birthday) MONTHS DAYS HOURS MIN. Amonth 30,	Year 168 9A.M
20,3	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
( to 1 to	(country) 10 WA U.S.A. WIDOWED □ DIVORCED □ Cecil	Mo
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after death 3. Give Pag alang with with the Sta	Perryville give street oddiess), Perryville during most of working life, even if retired.) INDI	NURSE
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within 24 n pencil in Examiner's File pages 1 72 haurs	(Yes, no, or unknown) (Hyes give war ar dates of service) UNK ARTHUR BURGESS, RT I PERRYUL	LLE, Nd.
	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E ansit permit. F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic Heart Disease	
e execut pending of Medic sit perm	398 X DUE TO, OR AS A CONSEQUENCE OF	
be hief	Canditians, if any, which gave rise to immediate cause (o), (b).	
shauld be e ne ward "per a the Chief I burial-transit I in any ever	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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is certificate shauld be executed te, writing the ward "pending" i farwarded ta the Chief Medical e used as a burial-transit permit.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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NER: The certifice hauld be lies. shauld the shauld the stand of the s	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street) 21f LOCATION Street or R.F.D. No. (ity or Town) Co.	
3 + S O	totary office building etc.)	ounty State
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ICAL E. executar. Paged for CTOR: Purial,	22a. I certify that I taak charge af the remains described above, held an Autopsy 🔀, Inspectian 🗍, Inquiry 🗍,	and in my opinion
- 0 + 0 -	death resulted fram: Natural causes X Accident , Suicide , Homicide , Undetermined monner	
TY BIC.	ACTUAL // / / ACTUAL / CHIEF MEDICAL EXAMINER CONTROL OF THE PROPERTY OF THE P	
7 0 0 7 - 0	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	
o DEPUTY necessary, p the funeral s may be re o FUNERAL Health pria	EXAMINER'S Werner U. Spitz, M.D.  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, fown, or county)  ADDRESS(Street, city, fown, or county)	/00
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr	23a. BURIAL (REMATION, 23b. DATE 28 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (Court	nty) (State)
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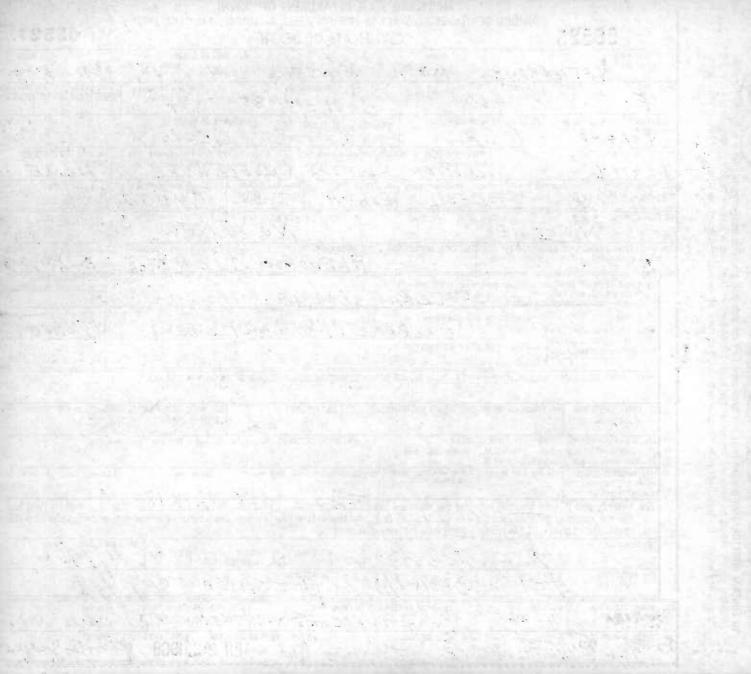
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11	MARYLAND STATE DEPARTMENT OF HEALTH
4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  05527
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death. merol ond 2 death.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) KATHERINE MARY EMERLE 4 Month 18 Doy 68 Year 6,40 AN
E - E	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
hours offer by the Turners. Poges 1 hours after	F 11-10-88 last birthday) YRS. MONTHS DAYS HOURS MIN.
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withing withing	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  121. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the peretained by the hospital or attending physicion.  **IRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Be with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 has a signed by the state of	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE 13b. COUNTY CECIL ELATON YES NOW
e exection on the contraction of the contraction on	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
e be	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
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ne death cer ottending p permit. The	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  APPROXIMATE INTERVAL BETWEEN ONSET AND OLATH  A M N I A
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JING PHYSICIAN: The law requires the by the hospital or attending physicion. Ifer this certificate has been signed by be detached for use as the burial-troistote Dept. of Health prior to burial, cre	196. DATE OF DERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  VES NO CAUSES OF DEATH?  216. ACCIDENT WAS UNDERLYING 1216 TIME OF INITIRY 1216 HOW INITIRY OCCURRED. (Enter nature of initing in Part 1 or Part 2 them 18.)
AN: The all or att icote ho for use Health p	
pita pita pita of H	GOURDED TIME CAUSE OF OEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19  21d INVIRED 12 PLACE OF INVIRED 12 PLACE OF INVIRED ARM STREET FACTORY) 21f IOCATION Street or P.F.D. No. (ity or Town) County State
DING PHYSIC by the hospit ffer this certi be detached Stote Dept. of	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote of work at work
by the true of the decidence of the deci	22a. I certify that (1) (this haspital), attended the deceased from 1575 22, 1950, ta 17770, 1960, that (1) (we) last
O HOSPITAL OR ATTENDING Poge 4 may be retained by the CFUNERAL DIRECTOR: After director, page 3 should be dishould be filed with the State	saw the deceased alive an Alexander 1968 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did nat) view the bady after death.
D HOSPITAL OR ATTENE Poge 4 moy be retoined 5 FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22b. SIGNATURE  DEGREE PHYS.  DIRECTOR D STAFF  PHYS.  22c. DATE SIGNED  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
AL Coy by	22d. PHYSICIAN'S 2/ 1/2 22e. ADDRESS
TO HOSPITAL Poge 4 moy b TO FUNERAL D director, pag should be file	NAME (Type) HENRY (DAVIS 17D) CHESAPEARCE CATY MD
Poge Shou	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 22-68 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) TAMBEULATE CUNCEPTION CHERRY HILL CECIL MD.
VR A15 (4)	24. FUNERAL DIRECTOR DOLLAR ADDRESS AND REGISTRAR'S SIGNATURE
30M REV. 1/68	PIPPIN FUNERAL HOWE ELATON, DATE APR 22 1968 Glianles Judge



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05528 05526 CERTIFICATE OF DEATH 1. DECFASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Carl David Feltman Manth April S. DATE OF BIRTH A RACE 6. AGE (In years Male White April 24,1913 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH countryIndiana Cecil U.S.A. WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR give street oddress oper Ave. dering most of werking life, even if retired.) Rising Suh 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c, CITY OR TOWN Rising Sun YES 13b. COUNTY NO Md. Cecil Cooper Ave. 14 FATHER'S NAME Middle First Middle Last IS. MOTHER'S MAIDEN NAME First Walter David Feltman Anna Friethe 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no or unknown) 472-01-7272 Mrs. Carl Feltman Rising Sun, Md. 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove Coronar rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exominer) HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I **certify** that (I) (this haspital) attended the deceased from 6-6, 196), ta 4-5, 1968, that (I) (we) last saw the deceased alive an 4-4-1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS Rising Sun, Maryland 21911 Taylor, Jr. NAME (Type) Neil R. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) 4/8/68 REMOVAL (Specify) Brookview Cemetery Rising Sun Cecil Mid . ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 SUNERAL DIRECTOR DATE APR 9 Rising Sun, Md.

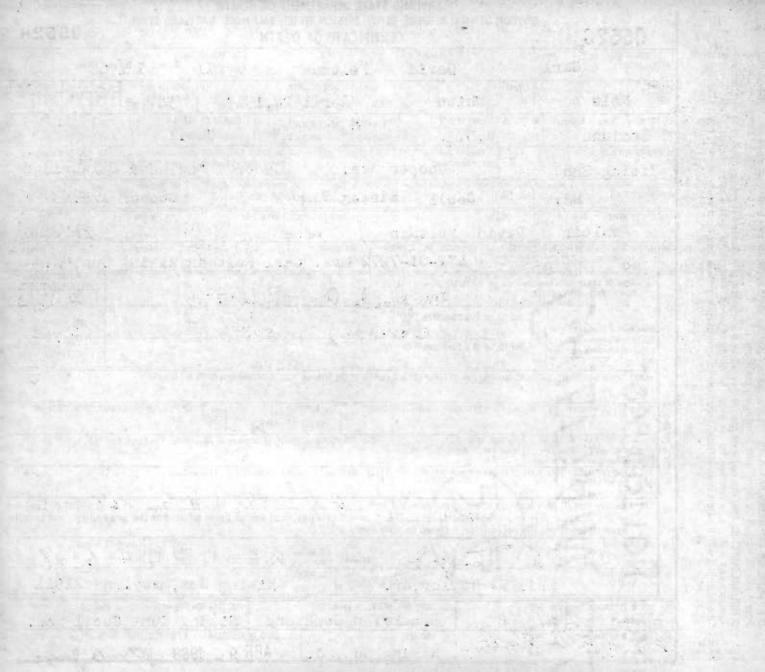
Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the Ahauld be filed with the State Dept. of Health prior ta

death/

hours

requires that the death certificate be executed within

signed by the attending physician and campletely filled in by the fur burial-transit permit. Then please remave carban papers. Pages I burial, crematian, ar remaval, and in any event, within 72 haurs after



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR and 2 death. death (Type or print) Doy 12 Year 68 2:30m BOWERS FRYE DARLIN 4. RACE S. DATE OF BIRTH requires that the death certificate be executed within 24 hours after 3. SFX 6. AGE (In years Sost birthdoy) White 1-22-16 Male 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED [ DIVORCED [ Cecil filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) give street oddress)
Veterans Administration INDUSTRY Perry Point and in any event, w 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Virginia 13b. COUNTY YES 2236 Mary Baldwin Drive NO -Alexandria 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Lost (L (D) Mattie Woodburn John Frye 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no, or unknown) signed by the attending physiburial-transit permit. Then pl burial, crematian, or remaval, 229090426 VA Hospital Records, Perry Point, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchogenic Carcinoma, primary left upper 6 Months DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) Confluent Bronchopneuminia, bilateral 10 days rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital ar attending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior tall 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) VA Hospital, Perry Point, Md. A. L. MOONEY, M.D. 23c. NAME OF CEMETERY OR CREMATORY
IVY Hill Cemetery 23d. LOCATION (City or Town) a, 23b. DATE 23o. BURIAL, CREMATION. 4/16/68 REMOVAL (Specify) ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) Everly-Wheatley, Alexandria. 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05528

death.

## CERTIFICATE OF DEATH

05530

	1 1	PLACE OF DEATH		1 2 USUAL RESIDENCE (	Where deceased lived, if institution: Residen	re before admission)
И		a. COUNTY	HADVI AND	CTATE	- h COLINTY	ecil
1	-	b. CITY OR TOWN (If outside carparate limits,	MARYLAND c. LENGTH OF STAY IN 1b	II	rtside carporote limits, write RURAL and giv	
		write RURAL and give nearest town)		Burel R I	F.D.# 3, Elkton,	Monral and
		ELKCOH	Life		.D. T S, ELKCOII,	
1		d. NAME OF HOSPITAL OR INSTITUTION (If not in h nion Hospital of Ce		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO K
1		NAME OF First	Middle	Last	4. DATE Month	Day Year
7		DECEASED				
				year B. DATE OF BIRTH	9. AGE (In years   IF UNDER	
	2. :	7, 70	MARRIED NEVER MARRIED	6/22/ <b>2</b> 5	) last birthday) Months	Doys Haurs Min.
			DOWED DIVORCED		Yrs.	
		n. USUAL OCCUPATION (Give kind af wark dane ring mast af working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County		TIZEN OF WHAT
1	dull	ing thas at working the, even it retired)	Chrysler Motor	s Elkton,	Maryland U.	S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
	I	Frank Goodyear		Grete H	foliman	
1	15	WAS DECEASED EVER IN ILS ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
1	(Ye	es, na, ar unknawn) (If yes give war or dates at servi	219-10-3677El	len Goodye	ear(Wife) Same	
1	-	VES 17-1944.  18. CAUSE OF DEATH (Enter anly one cause per		Ton doody	sarturre, pane	I INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Cardiac Failur			1 ONSETTAND DEATH
		IMMEDIATE CAUSE (o)	Cardrac Partur	e		10 20,5
		Conditions if any which save	Chronic Myocar	di+i a		1-Year
1	8	Conditions, if ony, which gove isset a immediate cause (a), (b)	official Myocal	UT CT 2		1-rear
1		stating the underlying cause > DUE 10	Emphysome and Ti	i brown a	e Tana	C 77
1	2		Emphysema and F			5-Years
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
1	ATIO	5371				YES NO X
	MEDICAL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)	
	ਭ	20c. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, form	n. 20f. (City ar town) (Co	unty) (Stote)
	Q	Haur o.m.	While Nat While for	tory, street, affice bldg., etc.		
		21. I certify that (I) (this traspital	atwark Latwark Latwark	3/14/	19 68, ta 4/24/ , 19	68 that (1) 1630 last
	H	saw the deceased alive on +/2	19_68, and the		30 M, fram causes and an t	
		RZa. SIGNATURE		.D. PHYS.	MED. STAFF DIRECTOR PHYS. D	ATE SIGNED 4/68
	l	22 PHYSICIAN'S James L.	Johnson M.D.	7 111 01	t HighSt., Elkton	Cecil Md.
	-	MAINT (11he)				
f	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (State)
	B	uring 4-27-68	Gilpin Mar	nor Memoria	al Park. Elkton.	Maryland
1	24	4. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR'S S	
	TT	parph a Hick	TOTA Filet on	Ma Dare	PR 3 0 1968 Kills	rea Judge

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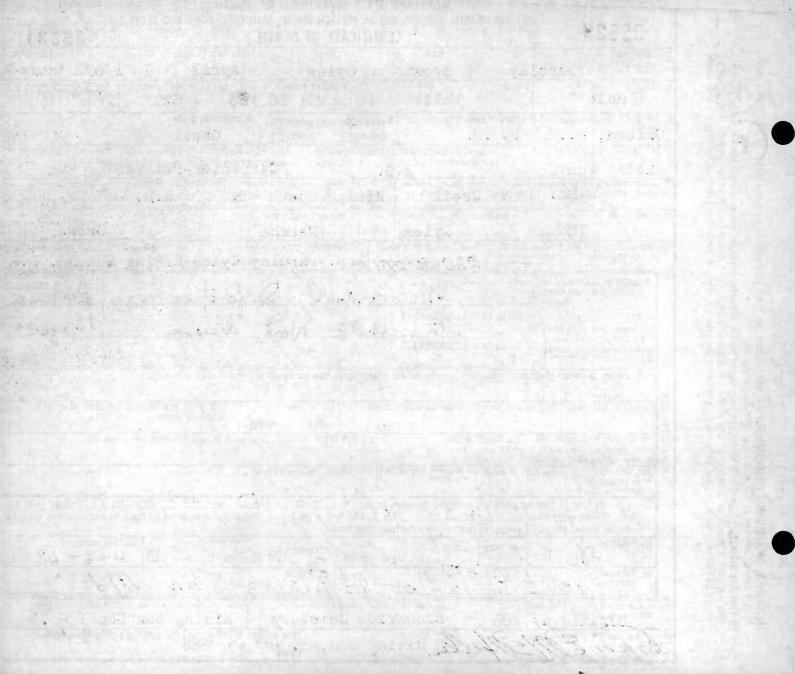
O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pagishauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hagus.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05530 05532 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME Middle requires that the death certificate be executed within 24 haurs after death. (Type or print) 3. SEX 6. AGE (In years last birthday) OAYS Female White YRS burial-tronsit permit. Then please remave carban papers. Pag burial, crematian, or remaval, and in any event, within 72 haurs) 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Maryland campletely filled in ecil USA DIVORCED WIDOWED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address) Perryville 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN f3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Front Street admission) STATE 13b. COUNTY NOF Perruville IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle First Last Arthur Fortman Francis 16b. SOCIAL SECURITY NO Miss Joan Hageman, Perryville, Md. 21903 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yestno or unknown) (If yes give war ar dates of service) 218-14-29628 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (9) (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M (If either, natify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 11 /1 \_19 &, and that in (my) (aur) apiman death accurred an the date and haur and fram the saw the deceased alive on\_ causes stated abave, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING directar, page 3 shauld be filed v m DEGREE DIRECTOR PHYS ZZd. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gry or Town) (Stote) (County) 23a. BURIAL, CREMATION Md. REMOVAL (Specify) Baltimore 1968 Woodlawn Cemetery inia 2So. REC'D BY REGISTRAR VR A15 (4) Lee A. Patterson & Son, Perryville, 30M REV. 1/68

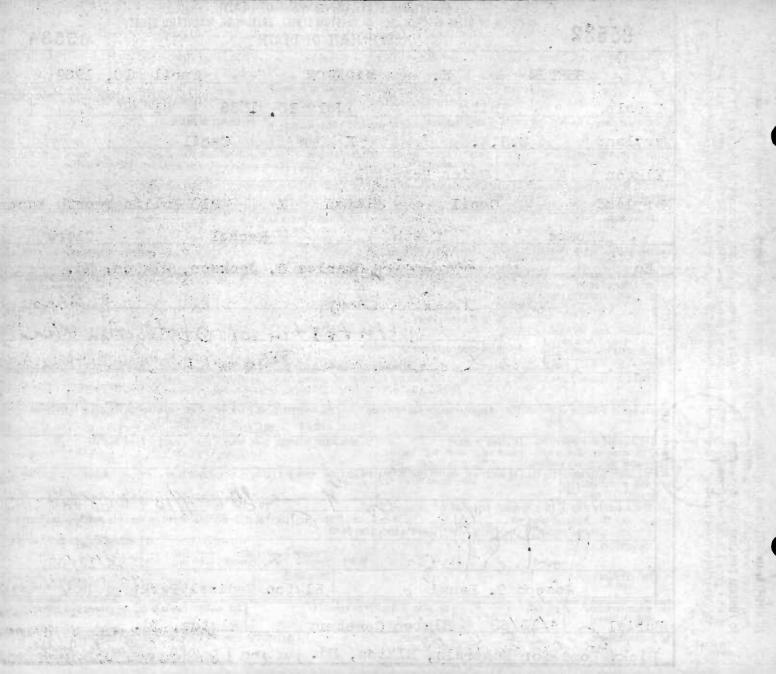
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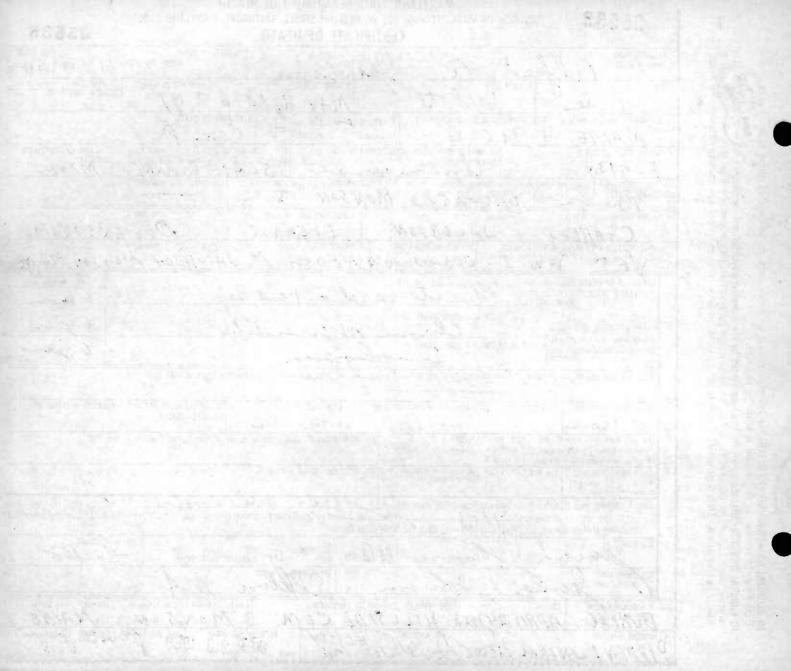
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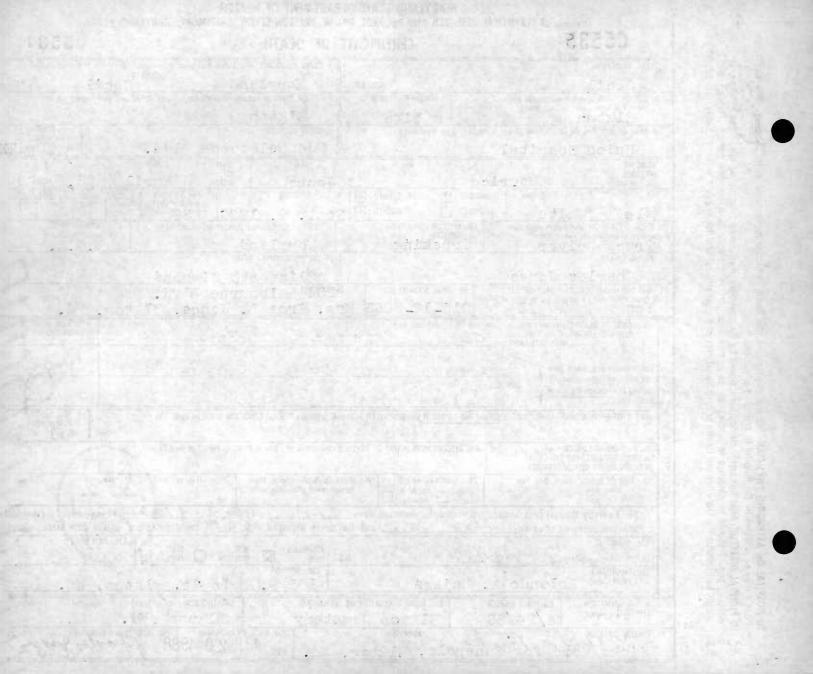
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			STATE DEPARTMEN				
77 95	532 DIVISION	OF VITAL RECORDS, 30			ARYLAND 21201	ore	2.2
\ I V I			RTIFICATE OF DE			055	
1. DECEASED-NAME (Type or print)  3. SEX  Female  7. BIRTHPLACE (Sountry)  Marylar  10. CITY OR TOWN  Elktor  130. USUAL RESIDI  admission)  14. FATHER'S NAM  160. WAS DECEASI  Yes, no, or unkn  PART 1.  Conditions, rise to imm stoting the lost.  PART 2. OTH-		Middle	Lost	2o. DATE C	April I	Year	2b. HOUR
3. SEX	BERT IE	н.	JACKS ON  15. DATE OF BIRTH		A Dril 10	1968	IF UNDER 24 HRS.
3. 3£A		2 de			lost birthday)		HOURS MIN.
Femal 6		ite F WHAT COUNTRY? 8.	July 13				
country)			MARRIED NEVER MARRIED VIDOWED DIVORCED				
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Elktor	]	give street oddress) Union Hospi	tal	during most of workin	g life, even if retired.)	INDUSTRY	JSINESS OK
13o. USUAL RESIDI	NCE (Where deceosed lived, if ins	TV			TREET AND NUMBER		
odmission) STATI		ecil	EIKTOD 7		O Holling	gsworth	Mano
/ 14. FATHER'S NAM			1S. MOTHER'S MAIDEN	NAME First	Middle		Lost
	Thomas	Heath		Rachel		Clar	k
160. WAS DECEASI Yes, no, or unki	D EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT		Address		
NO		1 214-22-502	Charles (	C. Jackso	n, Elktor		
18. CAUSE (	DF DEATH (Enter only one couse per DEATH WAS CAUSED BY:	er line for (o), (b), ond (c).)	A			APPROXIMA BETWEEN ONS	ET AND DEATH
PAKI I.	IMMEDIATE CAUSE (o) _	Kenister	ilas		Market Time	24	1
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lost.	) (c)	Carin	W-6	120 Mg	- 1		
PART 2. OTH	ER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIV	'EN IN PART 1(o)		
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190. DATE OF	OPERATION 196. CONDITION FOR	WHICH OPERATION WAS PERFOR		CALIC	IF YES, WERE FINDINGS C ES OF DEATH?	ONSIDERED IN CER	TIFYING
A E SILO ACCIDE	NT WAS UNDERLYING   21b. TIM	IF OF INHIBY	YES	NO CAUS			
	JTING CLAUSE OF DEATH HOUR A	IE OF INJURY  .M. Month Doy Yeor	21c. HOW INJURY OCCURRE	to (Enter noture of inj	ury in Port 1 or Port 2,	irem 18.)	
S OLI MILIDY	OCCUPATED TO LACE OF INJUIN	P.M. 19	1 216 LOCATION Character	DED No.	Du or Tourn	Country	Stote
While N	01 1111110	RY ( AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	211. LUCATION Street of	K.F.D. NO. CIT	y or Town	County	21016
or work	tify that (1) (this hospital)	attended the decoased 1	from #	19 60 to	2//// 10	(a) that	I) (we) los
saw	the deceased alive an	7/10 195	ond that in (my) (		occurred on the do	ite and hour a	nd from th
cous	es stated obove (1) (we) (d	(and not) view the bad	ly ofter death.	,	THE WALL	with floor di	
22b. SIGNATU	RE .		ATTENDING	MED	22c.	DATE SIGNED	
E E E	Jorgh 1	) June 1	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS.	4/11/68	3
22d. PHYSICI NAME (			22e. ADDRESS		7 5 1.		TET
NAME	doseph G.	Lanzi		on Medica			
230. BURIAL, CREA	MATION, 23b. DATE		ETERY OR CREMATORY		TON (City or Town)	(County)	(Stote)
Burial Burial			Cemetery	Elkt		CIONATION	
24. FUNERAL DIRE	Dacket Vor	HICK ADDRESS		. REC'D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE Jan	498
Hicks	Home for Fu	herals, Elk	ton, Md. DA	TE ADD 15	1988 mile	1	0



		MARYLAND STATE DEPARTMENT OF HEALTH	
,	- 7	15533 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	05535
feath.		CEASED-NAME First And Middle Last 2a. DATE OF DEATH Month 4 Day	21 Year 68 51 M M
offer of a sterior	3. SE	MAV 2, 1896 6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
in by	7o. E	IRTHPLACE (Stote of foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED	Md
ed within 22 oletely filled corbon pap ant, within 7	10. 0	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
e death certificote be executed with ottending physicion ond completely bermit. Then please remove corbon on, or removal, and in any event, with		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY ATA QUIS MONSON YES NO	71.7.
be exe	14. F	ATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle  CHARLES JACOBSON ELEANOR DEGE	ERSTROM,
The law requires that the death certificote be executed ottending physicion. It is not been signed by the ottending physicion ond complesse as the burial-transit permit. Then pleose remove conthe prior to burial, cremation, or removal, and in any eventive.		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17. INFORMANT  Address  OO5-03-2070 NEOLA M. JACOBSON M.	
ath cer nding p iit. The		18/ CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  LINE Canalise  Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death on. by the ottendii transit permit. cremation, or re		49 2 DUE TO, OR AS A CONSEQUENCE OF	6 yans
quires that tl physicion. signed by the burial-transit		rise to immediate cause (a), stating the underlying cause lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF lost.	6 years
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<b>5 PHYSICIAN:</b> the hospitol or this certificote detoched for L	WED	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) While Not while at wark  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street at R.F.D. No.  City or Tawn	Caunty State
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OR ATTEN be retained SIRECTOR: /			DATE SIGNED
O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page 3 should be filed		22d PHYSICIAN'S NAME (Type) Jules L. Johnson 22e, ADDRESS Ton Md.	
TO HOSPI) Page 4 m TO FUNER, director, should b		BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY  APRIL 24,1968 HILL SIDE CEM. MONSON	(County) (State)
VR A15 (4) 30M REV. 1/68	24	IPPINFUNERAL HOME Sonath De FLITTEN 250. RECD BY REGISTRAR DATE APR 23 1968 REGISTRANS	Helper Judge





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05539 CERTIFICATE OF DEATH 35538 DECEASED-NAME Middle Last First 20. DATE OF DEATH 2b. HOUR death. (Type or print) April Jordan MMN 1968 Lawrence 9:08AM after the attending physician and completely filled in by Ne flusit permit. Then please remave carban papers. Pages I nation, ar removal, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. last birthdoy) HOURS 1-1-94 Colored requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED U.S.A. Arkansas WIDOWED X DIVORCED | Cecil County. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** Veterans Administration PerryPt. Md. 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY Talbot Tilghman YES 🗀 NO Sc Avalon, P.O. Md. 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Tennie Unk. W Jordan G 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) VAHospital Records Perry Pt., Mdl 218 54 09 10 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bronchopneumonia, Aspitation Type IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Advanced debility associated with chronic burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Mental Disease (Chr. Brain Syndrome) signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [ YES X Yes 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY. ) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town County Stote While Not while of work causes stated obave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. 4-5-68 directar, page 3 shauld be filed v DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) A. L. MOONEY, M.D. VAH. Perry Point, Md. 23c. NAME OF CEMETERY. OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b/DATE (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 30M REV. 1/68 DATE APR Patterson Kuneral Home, Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

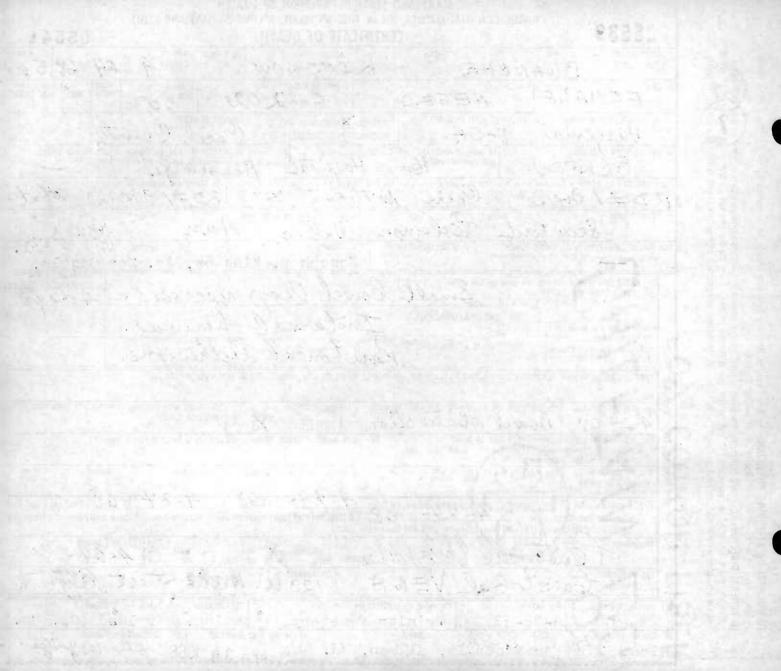
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	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	95539
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24 haurs ar in Item 18. 's Office al	A	razi
	HEALENSO STAGE Not available  16d. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
This certificate shauld be executed within 24 cate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiner's I be used as a burial-transit permit. File pages ar removal, and in any event within 72 hours	(Yes, no, or unknown) (If yes give wor or dates of service) 201-10-854-7NOPMAN L. JORDAN (SA	WE)
ed vin in Ey	18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E ansit permit. F event within	18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a C RONARY THREMSSSLS	INST
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his certifi ate, writin e farward be used a removal,	190. DATE OF OPERATION  NONE  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Manth, Doy, Yeor  21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	20. AUTOPSY?
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CAL EXAMINER: execute the certi ar. Page 4 should d far yaur files. CTOR: Page 3 shou burial, crematian,	WHILE AT WORK	CHATE DEL
eccuecu Par far ial,	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	ond in my opinion
ICAL I	deoth resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined monner	
please e directa retained or to bu	CHIEF MEDICAL EXAMINER	
TY ple ral di di AL D RAL D priar	SIGNATURE 1. Carro M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	NED / 7
Sary mery be ERA	EXAMINER'S // DEPUTY MEDICAL EXAMINER	4/20/68
TO DEPUTY SICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health priar to burial, crem	NAME (Type) HENRY V. DAUS MADDRESSIPPED THY GOVER, OR STATUTION CO. MY	40
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	24. FUNERAL DIRECTOR 256. REGISTRAR 256. REGISTRAR'S SIG	
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		MARYLAND STATE DEPARTMENT OF HEALTH
7		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 05541
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and co	14.	ATHER'S NAME First Middle Coloman (III. MOTHER'S MAJDEN NAME First Ann Middle Last
rtificate k physician en please oval, and	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor ar dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Joseph M. Kinslow. Jr. New Castle.
t the death ce the attending sit permit. Th natian, ar rem		18. CAUSE OF DEATH (Enter only one cause per line (O(a), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove)  rise to immediate cause (a),  (b)  APPROXIMATE INTERVAL BETWEN ONSET AND DEATH  BETWEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEN ONSET AND DEATH  BETWEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEN ONSET AND DEATH  BETWEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEN ONSET AND DE
The law requires tha attending physician. has been signed by se as the burial-tran the priar ta burial, crer		stating the underlying cause lost.  (c) DUE TO, OR AS A CONSEQUENCE OF Control of Collections (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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ICIAN: pital ar rrifficate d far us af Healt	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING  or contributing cause of death HOUR A.M. Month Doy Year (If either, natify medical examiner)  21b. TIME OF INJURY HOUR A.M. Month Doy Year 19
S PHYSICIAI the hospital this certifical detached fa e Dept. af H	ME	21d. INJURY OCCURRED While Not while of twork of the work of the w
Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far uschauld be filed with the State Dept. af Healt		22a. I certify that (I) (this haspital) attended the deceased from 1, 1960, ta 4, 1960, that (I) (we) last saw the deceased alive an 1, 1960, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
OR ATTENI be retained DIRECTOR: A je 3 should ed with the		22b. SIGNATURE Cristileal Colombig Degree ATTENDING MED. STAFF DESCRIPTION DIRECTOR PHYS. DEGREE PHYS.
O HOSPITAL Page 4 may O FUNERAL I director, pag		22d. PHYSICIAN'S Cais to bal VEWA 22e. ADDRESS W. Hight Street, Elklon
TO HO Page direct	23a.	BURIAL (REMATION, REMOVAL (Specify) 4-28-68, Trinity Cemetery Zion, Maryland (Ce. Co.)
VR A15 (4) 30M REV. 1/68	24. H	FUNERAL DIRECTOR ADDRESS  1 Class Home for Funerals, Elkton, Md.  DATE APK 3 0 1968 Classes Jungar



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05541 CERTIFICATE OF DEATH 05543 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR uneral and (Type or print) April MARY 1968 E. MILIS. 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS burial-transit permit. Then please remove carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 hours after 6. AGE (In years 79 birthday) DAYS HOURS March 25,1889 Female White YRS. Mours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED 9 country) U.S.A. Virginia WIDOWED T DIVORCED Cecil 24 filled 10. CITY OR TOWN OF DEATH Rural 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during mast af working life, even if retired.) INDUSTRY Home Long Point-Earleville 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY ORTHONIC EVILLIBITIES 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Md. Cecil Long Point 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle and George Moore Mary Adams Ann physician ( 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Earleville. Address Yes, na, ar unknawn) (If yes give war or dates of service) Mrs. Elizabeth M. Demgar, Long Point, Md. 21919 215-26-7351 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY MYOCALDIAL 2 hours HOUTE INFARCTION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gove ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) d far use as the af Health prior to has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES T O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED City or Tawn County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram 70/29 1966, to Present 19 \_\_\_\_, that (I) (we) last sow the deceosed olive on... 3/29/68 ond that in (my) (euc) opinion death occurred on the date and hour and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (didnet) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED mio **ATTENDING** MED. DIRECTOR DEGREE PHYS PHYS 22e. ADDRESS 22d. PHYSICIAN'S Robert L. Gray. M.D. NAME (Type) Elkton, Md. 21921 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) 23a. BURIAL CREMATION Burial (Specify) Salem Methodist Cemetery Pocomoke City, Worcester, Md. April, 9, 1968 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATEAPR Millington, Md. 21651 30M REV. 1768 Edward Fellows & Son, 1968

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MARYLAND STATE DEPARTMENT OF HEALTH

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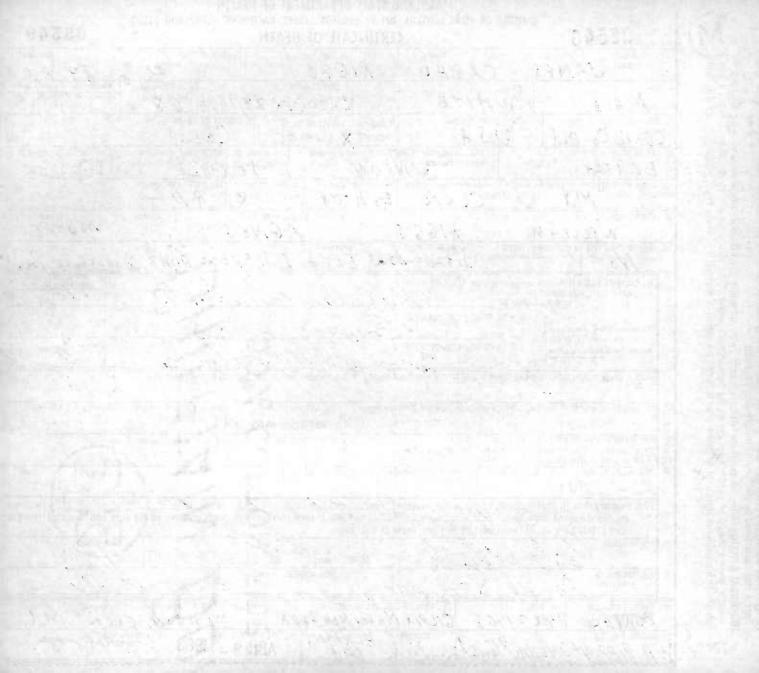
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05544 CERTIFICATE OF DEATH 95547 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ECIL EC11 MARYLAND physician and campletely filled in by the f en please remave carban papers. Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ISING SUN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS within 72 ON A FARM? 60 WILSON YES NO TO NAME OF Middle 4 DATE Day Year DECEASED MARTHA EMIL APRIL 0157 (Type or print) 1968 DEATH 6. COLOR OR RACE JF UNDER 1 YFAR DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Doys Hours WHITE NOV. 5 WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) HOME COUNTRY? CECIL CO, MD HOUSE WIFE 14. MOTHER'S MAIDEN NAME removal signed by the attending phy hirial-transit permit. Then MCCARDELL SAMUEL E. NESBITT MARTHA WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 718-54-3752 10 MRS JOHN MEGUIRE RISING SUN, MO 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician. DUF TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse as the this certificate has been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO be retained by the haspital ar 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (State) (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram 1, to 4-29 , 19 (X), that (I) (we) last 196 and that death accurred at 8 P M, from causes and an the date stated above saw the deceased alive an 22o. SIGNATURI 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Page 4 may NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) BROOKUIEW CEMETARY RISING SUN 24. FUNERAL DIRECTOR RALPH 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 RISING SUN MO 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05545 05548 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH 2b. HOUR death. pup (Type or print) 3. SEX 4. RACE 6. AGE (In years S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) DAYS HOURS YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED 🔀 DIVORCED [ please remave carban papel 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) event, within 10. CITY OR TOWN OF DEATH 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** the attending physician and campletely sit permit. Then please remave carban 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130- STREET AND NUMBER PHYSICIAN: The law requires that the death certificate be executed 13b. COUNTY YES NO A and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Lost Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) ar remayal, 720-54-1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY RTERIO-DOIP IMMEDIATE CAUSE (o) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-transit rise to immediate couse (a). signed by t DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the b f Health priar ta b this certificate has been CFRTIFICATION 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🖂 YES 🖳 of Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) shauld be detached P.M. director, page 3 shauld be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work OR ATTENDING 220. I certify that (I) (this hospital) attended the deceased from Catality, 1961, to APRIL 2, 1968, that (I) (we) lost sow the deceased alive on APRIL 2-1968, and that in (my) (our) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After couses stated above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. PHYS. PHYSICIAN'S 22e. ADDRESS ARENC NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) oncord (emetery Sealord. 24. FUNERAL DIRECTO APR 9 1968 VR A15 (4) 30M REV. 1/68 atterson & Son Perriville.

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requires that the death certificate be executed within 24 haurs after death physician.  signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages 1 and a burial, crematian, ar remaval, and in any event, within 72 haurs after death	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED VIOLED VIO
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the the matic		Conditions, if any, which gave rise to immediate cause (a), (b) (Monary Ochung on 1)
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PHYSICIAN: le haspital a his certificate stached far Dept. af Hea	ME	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State of work of work
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OR ATTENDING be retained by the IRECTOR: After i e 3 shauld be d ed with the State		226. SIGNATURE  DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  22c. DATE SIGNED  22c. DATE SIGNED  4/8/8/8
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Page 4	23a.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  BOYAR (Applity) APRIC 9, 1968 GILPIN MANOR MEM. PARK EL KTOK, CECIC Md.
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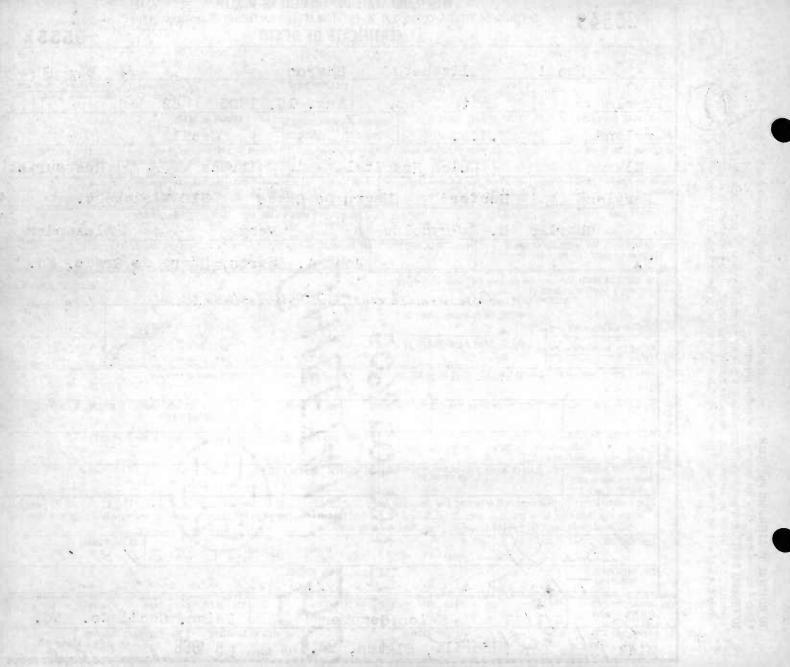


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1. DECEASED-NAME (Type or print) Antonio	Middle Ralph	Sacco	2a. DATE OF DEATH  April  Da	2b. HOUR
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16a. WAS DECEASED EVER IN U.S. ARMED FORCE Yes, mo. ar anknown) (If yes six a war ar dates	ES? 16b. SOCIAL SECURITY NO.	17. INFORMANT	VINCENTI, PERRY	DILLE MA
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22d. PHYSICIAN'S CL	I. Benson, M.D.		MED. STAFF DIRECTOR Deposit, Md.	April 3-1988

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 05550 .05553 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR death. after death (Type or print) Norman Sigler 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) HOURS July 21, 1929 Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH U.S.A. Iowa WIDOWED [ DIVORCED [ Cecil 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)
Fireman give street oddress) B.&O. R.R Perry Point Hospital the attending physician and completel sit permit. Then please remave carbo 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before LISC CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES Baltimore NO [ 406 Cresswell Avenue 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Last Lost Benjamin Sigler Josephine 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, ar unknown) 537-24-5582 VA Hospital Records, Perry Point, Md. PT.-28 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN DASET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Recurrent inoperable glioma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit (b) Cardiac failure rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been use as the 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🗍 af far use af Health 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from Sept 23 , 1966 , to April 10 , 1968 , that (II) we has causes stated above, (HXwe) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 4-10-68 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) VA Hospital, Perry Point, Md. GOLDGRABEN. M.D. directar, 23d. LOCATION (City or Tawn) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 23o. BURIAL, CREMATION (County) REMOVAL (Specify Baltimore National Cem. Bal timore. Maryland 4-15-1968 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR LOOI Rivenie Hgwy. DATAPR Gonce, Geo. J. Funeral Home, Brooklyn, Md.

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3	. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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1	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street address)	STITUTION (If not in haspital 12a. USU	AL OCCUPATION (Kind of work done	
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11	4. FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN NAME		Last
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	Yes, na, ar unknawn) (If yes give	war or dates of service)	The state of the s	Address	As a
=	No -	214-18-61		son, Perryville,	APPROXIMATE INTERVAL
	PART I DEATH WAS CALISE	nly ane cause per line far (a), (b), and (c)		_	BETWEEN ONSET AND DEATH
9	IMMEDI	ATE CAUSE (a)	vascular a	= C13221.	
	Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	1 2 4 6 7 1 1 2 1 3	iscular disease	
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	at wark at wark —				7 6 1 20
	22a. I certify that (1)/(th	is hospitol) attended the deceas	ed fram 7 , 19.6 1968, and that in (my) (aur) ap	inion death accurred on the d	ate and hour and from the
	causes stated above	e, (I) (we) (did) did nat view the	body after death.	mon death accurred on the d	are and naur and from th
	28 SIGNATURE		ATTENDING	MED CTACE	. DATE SIGNED
	Key 10	- Studento	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. D	4-12-68
1	22d. PHYSICIAN'S NAME (Type) Jay S	. Barnhart, In.	22e. ADDRESS North	Cast, Md.	
2	23a. BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
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9	24. FUNERAL DIRECTOR	Son Benvinis	I MY	BY REGISTRAR 25b. REGISTRAR	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05552 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Cecil a. STATEMaryland b. COUNTY Kent Co. MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) Elkton Gelt. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? pal within Union Hespital NOX YES completely ve carbon p 3. NAME OF First Middle DATE Month Dav Year Last 4. DECEASED event, Lee J. Sweetman (Type or print) 20 1968 DEATH Anr executed 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH emove 9. 7. MARRIED NEVER MARRIED any Male 73 WIDOWED [ DIVORCED [ Mar 23, 1895 = 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician pe INDUSTRY and COUNTRY? Retired Lumberman U.S.A. Maryland - Kent Ce. certificate 13. FATHER'S NAME or removal, 14. MOTHER'S MAIDEN NAME attending permit. Then William Sweetman Sara Anna Kirkley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)
Yes W.W.I Navy death 220-32-1607 Mrs. Elsie M. Sweetman - Golt. Md. cremation, the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN that the ONSET AND DEATH signed by al-transi PART I, DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease vears OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. the hospital or arrow the hospital or arrow is the burial-trained to the burial-trained to the burial, cr IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY detached for use e Dept. of Health acute coronary occlusion with myocardial infarction massive— heur 20a. Accident was underlying acute coronary occlusion with myocardial infarction massive— heur 20a. Accident was underlying acute of Death (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PERFORMED? YES MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) should be be de State Hour a.m. While Not While at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 6 Apr 68, 19 20 A or . 1968 that (1) (we) last . to. and that death occurred at 20 AND from the causes and on the date stated above. saw the deceased alive on 20 Apr 68 19 22a. SIGNATURE 9:45 pm 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 24 Rpr 68 M.D. PHYS. Page 4 may PHYSICIAN'S NAME (Type) 22c. 22d. ADDRESS director, p Wallace Obenshain M.D. Cecilton Md. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) DHKIAL 24. FUNERAL DIRECTOR ADDRESS 25a. AFER BYREGISTING 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05556 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First 20. DATE KNOWN Month 2b. HOUR (Type or Print) EST1-0F Marie 8: QOM ALMA WHITE DEATH MATED X Pag 4. RACE 6. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD and HOURS Year white April 1. female 62 YRS 1968 7a. BIRTHRIACE (State or foreign country) hanchester, 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH 8. Give Pages 1 WIDOWED [ DIVORCED Cecil lond 2 with the Stor 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR Office olong with during most of working life, even if retired.) industry home give 303 Hermitage Drive Elkton 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Ceci.1 303 Hermitage Drive E1kton YES NO R after 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME Middle Martin Parker stabrook Jenny .u the certificate, writing the word "pending" in pencil in 4 should be forworded to the Chief Medicol Examiner's poges hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 17. INFORMANT within **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) Harry L. White. 303 Hermitage Dr. Elkton. Md. no none File within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Overdose of Barbiturates DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gave rise to immediate cause (a), ony writing the word should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause removal, and in PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificote 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 ar 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY TOR CONTRIBUTING HOUR A.M. cremotion, 4/8/19 68 Ingested an overdose of barbiturates UNK P.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE AT WORK AT WORK Elkton, Cecil, Maryland home 220. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry ond in my opinion directar. Natural causes death resulted from: Accident Suicide X Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol TO FUN. Health p 4/9/68 Spitz. DEPUTY MEDICAL EXAMINER Werner **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar county) BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Elkton (emetery ecil 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5)

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